

**Application to the Deputy Commissioner..... for availing financial assistance in respect of Educational Benefit under MLA Area Development Fund (SUHRID), Govt.of Assam**

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1.Name of the applicant –

2.Age - Male/Female-

3.Father's name -

4. Address in full - Village: P.O: Circle /Block:

P.S: District: Pin Code:

Telephone no if any :

5. Bank A/C No. with any Nationalised Bank Branch -

6. Qualification -

7. For which course of Higher/Technical/Vocational Education(H.S.L.C onwards)

the benefit is sought for -

8.Details of the Institution in which admission is taken up- -

9.Recommendation of the Head of the institution with seal attended last –

10. Whether any family member is a Government employee -

11. Whether any Govt. aid is received earlier under any Head(if yes ,give details) ..

12. Recommendation from the concerned MLA with seal -

Date-  
Place-

Signature of the applicant